

Name: _____

Chart: _____

Date: _____

DOB: _____

Age: _____

***Please rate your pain using a 0-10 scale:**

_____ Your Pain Right Now?

_____ Your Worst Pain?

_____ Your Least Pain?

_____ Your Average Pain Over the Last 2 Weeks?

***Where is your WORST area of pain located?**

***Does this pain radiate?** ☐ Yes ☐ No If so, where? _____

***Check All That Describe Your Pain Today:**

- ☐ Aching ☐ Shooting
☐ Burning ☐ Sharp

***Which word describes the frequency of your pain?**

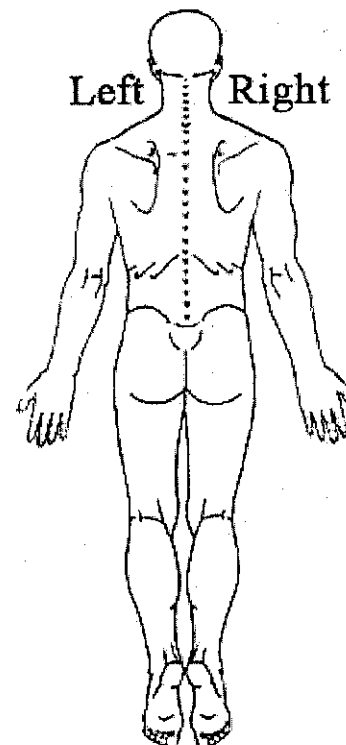
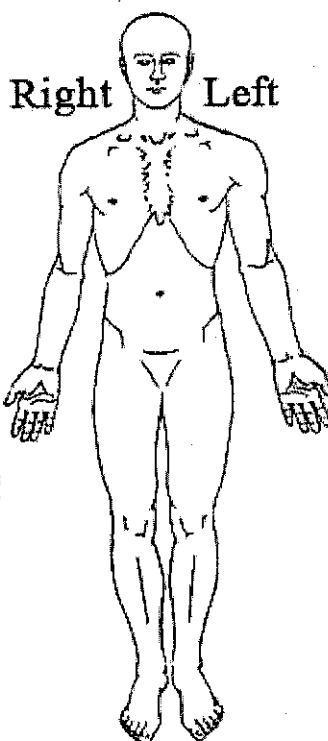
- ☐ Constant ☐ Intermittent

***When is your pain at its worst?**

- ☐ Mornings ☐ During the day
☐ Evenings ☐ Middle of the night

***Mark all of the following activities that are adversely / negatively affected by your pain:**

- ☐ Activity ☐ Work ☐ Sleep ☐ Mood
☐ Exercise ☐ Walking



CHANGES IN YOUR PAIN SINCE YOUR LAST VISIT:

***Have you developed any new pain complaints since your last visit you would like to discuss today?**

☐ Yes ☐ No If yes, please explain: _____

***Since your last appointment, how has your pain changed?** ☐ Decreased ☐ Increased ☐ Stayed the same

***If you had a procedure, how much pain relief did you obtain?**

☐ No Relief ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

***Were there any problems?** ☐ Yes ☐ No If yes, please explain: _____

SINCE YOUR LAST VISIT, HAVE YOU DEVELOPED ANY NEW:

- ☐ Balance Problems ☐ Loss of Bladder Control ☐ Loss of Bowel Control
☐ Difficulty Walking ☐ Fevers ☐ Weakness - Where? _____

MEDICATIONS:

***Any NEW medications since your last visit?** ☐ Yes ☐ No If yes, please list: _____

***What medications are you taking for pain? Do they help relieve your pain?** ☐ Yes ☐ No

***Medication Side Effects:** List: _____

***Blood Thinners:** Are you currently taking any of the following ☐ Aspirin ☐ NSAIDs ☐ Plavix ☐ Coumadin
☐ Xarelto ☐ Pradaxa ☐ Eliquis

MEDICAL HISTORY:

***Any changes in your medical history since the last visit?** ☐ Yes (list): _____ ☐ No

***Are you currently enrolled in Physical Therapy?** ☐ Yes ☐ No If yes, is it helpful? ☐ Yes ☐ No

***Is there any possibility of you being pregnant or becoming pregnant soon?** ☐ Yes ☐ No ☐ Male

***Are you currently involved in litigation?** ☐ Yes ☐ No

Signature: _____

Date: _____